

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033587

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 27 1962

Primary Registration District No.

3002

Registrar's No.

203

STATE FILE NUMBER

VS 300
Rev. 4/59

10047

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Centralia	
Length of stay in 1b 1 1/2 hrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		d. STREET ADDRESS (If outside, give location) 404 S. Jenkins	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lera Middle A. Last Meffert		4. DATE OF DEATH Month Sept Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1883
9. AGE (last birthday) 79		10. IF UNDER 1 YEAR Months 6 Days 28	
11. IF UNDER 24 HR Hours 5 Min. 0		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	
11. BIRTHPLACE (City and state or country) Centralia, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME J.D. Barrett		13b. MOTHER'S MAIDEN NAME Joe / JAD D. (HARRISON)	
14. NAME OF HUSBAND OR WIFE Chapman E. Meffert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. INFORMANT A C.E. Meffert		Address Centralia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dissecting aneurysm thoracic aorta Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease and generalized arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 8-31-54 Month, Day, Year 9-12-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Centralia, Missouri		COUNTY Boone STATE Mo.	
21. I attended the deceased from 8-31-54 to 9-12-62 and last saw her alive on 9-12-62 Death occurred at 10:05 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert L. Ward MD		22b. ADDRESS Centralia, Missouri	
22c. DATE SIGNED 9-13-62		22d. LOCATION (City, town, or county) Centralia, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/15/1962	
23c. NAME OF CEMETERY OR CREMATORY Centralia		23d. LOCATION (City, town, or county) Centralia, Mo.	
24. FUNERAL DIRECTOR Blue Menda		25. DATE RECD. BY LOCAL REG. Sept 15-1962	
26. REGISTRAR'S SIGNATURE Blanche Keely		27. ADDRESS Centralia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

OR

TYPEWRITER RIBBON

OCT 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bice J. Meadows

Licensed Embalmer No. 4876

P. O. Address

Centralia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.